

JAN 17 2008

PTO/SB/21 (01-08)

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FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/545,991
Filing Date	04/10/2000
First Named Inventor	Freeman
Art Unit	3622
Examiner Name	Myhre, James
Total Number of Pages in This Submission	2
Attorney Docket Number	70764.01

ENCLOSURES (Check all that apply)

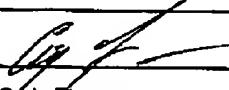
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Craig Freeman		
Date	01/17/2008	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Craig Freeman	Date	01/17/2008

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JAN 17 2008

PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/545,991
Filing Date	04/10/2000
First Named Inventor	Freeman
Art Unit	3622
Examiner Name	Myhre, James
Attorney Docket Number	70764.02

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 22509

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 22509

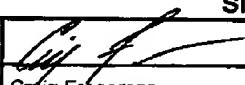
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
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I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Craig Freeman		
Date	01/17/2008	Telephone	(951) 544-1619

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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